4004

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)



NAME DAVID H. Fulstone II	IFN	GTH OF RESIDENC	F IN NEVADA	Life		
MAILING ADDRESS 190 STATE Route 339	LEN	GTH OF RESIDENC	E IN DISTRICT	WHERE REGI	STERE	D TO
CITY, STATE, ZIP VERINGTON, NV 89443	YOT	E	Life NRS 281.571(1)/a)		
TELEPHONE (113) 703-2021			14110 201.07 1(1	na)		1 0
		differential of the section of the s				
List all public offices for which this financial disclosur	e statement is	required [NRS 281.			ADDO	INTRACAL
			ANNUAL all elected and	(no later than	to fill une	OINTMENT expired term
			appointed public officers	the 10th day after the last day		elected or nted public
		(n	o later than Jan. 15	to qualify as a candidate)		officer n 30 days)
D 11 - 0%	Annual	Term or	each year) NRS	NRS		NRS
Public Office	Compensation	Date Appointed	281.559(1)(b) 281.561(1)(b)	281.561(1)(a)	281.	559(1)(a)
Lyon County Commissioner	\$22,797.00	Nov 2000 Elect	ion _	\boxtimes		
	\$					
	\$		\Box		ĺ	
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List all general sources of income for you and member	ers of vour hou	sehold over 18 ve	ears of age IN	RS 281 571 S	uhsecti	on 1/h)]·
Liot an general courses of moonio (s) you and monis.	ord or your nou	denoid over 10 ye	out of ago fit	10 201.011, 0	Self	Household
No. 1 11 The Control of the Control						Member
David H. Fulstone Company					\boxtimes	
Lyon County - Commissione	PR .				X	
Lyon County Healthy Smile	es -		A			\boxtimes
Lisa Billow D.V.M.					\Box	À
District provide						
					Ш	
List each creditor to whom you or a member of your						
or deed of trust on real property which is not required	to be listed be	low, and (2) debt	for which a s	ecurity inter	est in	a motor
vehicle for personal use was retained by seller] [NRS 2	281.571, Subsection	on 1(d)]:				Household
A 1					Self	Member
NONE						
	***************************************			-		
			,		ᆜ	ᆜ

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your linvolved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the bu [NRS 281.571, Subsection 1(f)]:	household is , or holder of
	Self Househol
List specific location and particular use of all real estate (other than personal residence): (1) in which you or a your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) lo state or an adjacent state [NRS 281.571, Subsection 1(c)]: Specific Location Particular Use Farming - Alfalfa Located At Section 28 and 34, Township 31, Range 25 N.	
List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the thic consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other occasion if the donor does not have a substantial interest in your legislative, administrative, or political action]	rd degree of
[NRS 281.571, Subsection 1(e)]: Donor Val	ue of Gift
NONE S	
THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.	
Date: May 21, 2004 Signature: Quality Fulston &	

STATE OF NEVADA COMMISSION ON ETHICS

3476 Executive Pointe Way, Suite 16
Carson City, Nevada 89706-7946
(775) 687-5469 • FAX (775) 687-1279



Acknowledgment of Ethical Standards for Public Officers

(Required by NRS 281.552)

I hereby acknowledge that I have read and and public employees provided in NRS Ch	I understand the statutory ethical standards for public officers napter 281. I acknowledge that I have (check all that apply):
reviewed the provisions of NRS Chapt http://ethics.state.nv.us	ter 281 on-line from the Commission's website
reviewed the provisions of NRS Chapt office.	er 281 by requesting a copy thereof from the Commission
or the Secretary of State pursuant to NRS	is acknowledgment with the Nevada Commission on Ethics 281.561, and that refusal to execute and file this in office and is a ground for removal pursuant to NRS
May 21, 2004	Signature Signature
463 - 2829 Telephone Number	David H. Folstone II Printed Name
463 - 4032 Fax Number	190 State Route 339 Verington, NV 89447 Mailing Address
E-mail Address	
County Commissioner Office or Position	

If you are required to file a financial disclosure statement pursuant to NRS 281.561, this form must accompany the first statement of financial disclosure you file. If you are an appointed public officer who will be entitled to receive less than \$6,000 per year of service and will not have to file a statement of financial disclosure, please file the form within 60 days of your appointment to office.